

10/11/01

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10233 U.S. PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No. 214382USUX	
First Inventor or Application Identifier Andreas B. CRIUS	
Title	ACETYL AMINO ACID RACEMASE FROM AMYCOLATOPSIS ORIENTALIS FOR RACEMIZING CARBAMOYL AMINO ACIDS
Assignee Name: DEGUSSA AG	
Assignee Address: Bennigsenplatz 1, D-40474 Duesseldorf, Germany	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/> Specification	Total Sheets	<input type="text" value="10"/>
3. <input type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113)	Total Sheets	<input type="text"/>
4. <input type="checkbox"/> Oath or Declaration	Total Pages	<input type="text"/>
a. <input type="checkbox"/> Newly executed (original or copy)		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed)		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
6. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)		
b. Specification or Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input checked="" type="checkbox"/> Paper		
c. <input checked="" type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:		
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application no.:
Prior application information: Examiner: _____ Group Art Unit: _____		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
18. Amend the specification by inserting before the first line the sentence:		
<input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. _____ Filed on _____		
<input type="checkbox"/> Which was published in English		
<input type="checkbox"/> Which was not published in English		
<input type="checkbox"/> This application claims priority of provisional application Serial No. _____ Filed _____		
19. CORRESPONDENCE ADDRESS		
 22850 (703) 413-3000 FACSIMILE: (703) 413-2220		

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	10/11/01
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Andreas BOMMARIUS et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ACETYL AMINO ACID RACEMASE FROM AMYCOLATOPSIS
ORIENTALIS FOR RACEMIZING CARBAMOYL AMINO ACIDS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	19 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$740.00
			TOTAL OF ABOVE CALCULATIONS	\$870.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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			TOTAL	\$870.00

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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.Date: 10/11/01**22850**Tel. (703) 413-3000
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(OSMMN 10/00)_____
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